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ABSTRACT

This study assessed the impact of a parent education intervention--the Family Infant and Toddler Learning program (FITL)--on mothers and fathers during the transition to parenthood. The program included 76 middle-class, well-educated parents and their children, of which 89 percent were first-time parents and 10.9 percent were second- or third-time parents. Mean age of the children enrolled in the FITL program was 16.9 months. The program consisted of six moderately structured weekly sessions in which developmentally appropriate, skill enhancement techniques were demonstrated and practiced. The subsequent open discussions were also an important component of the intervention. Pre-intervention data from this investigation indicated that the transition to parenthood posed different stresses for mothers and fathers. However, post-intervention data indicated that both parents showed an increase in several areas of adjustment after participation in the program. Mothers reported a statistically significant decrease in parenting stress related to restriction and an increase in social support, whereas fathers reported statistically significant increases in marital adjustment and a reduction of parenting stress related to competence. (HTH)

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Parent Education 1

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The Impact of a Parent Education Program During Mothers' and Fathers' Transitions to Parenthood

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Key Words: Parenting, Transition, Intervention, Education, First-time Parents

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Abstract

This study assessed the impact of a parent education intervention, the Family Infant and Toddler Learning program, on mothers and fathers during the transition to parenthood. The pre-intervention data from this investigation indicated that the transition to parenthood contained different stresses for mothers and fathers. However, both parents showed an increase in several areas of adjustment after participation in the Family, Infant and Toddler Learning program. Mothers reported a statistically significant decrease of parenting stress related to restriction and an increase in social support whereas fathers reported statistically significant increases in marital adjustment and a reduction of parenting stress related to competence. The benefits of mutual participation in the intervention as well as the program's applied, educational approach were discussed.

The arrival of a couple's first child is an event of extreme biological, psychological, and social significance. Although parenthood is usually considered a normative life experience, it has been found to be highly stressful for the majority of adults (LeMasters, 1957; Dyer, 1963; Hobbs, 1965; Rossi, 1968). Previous research has found that the transition to parenthood is, at best, a time accompanied by some difficulties and, at worst, a significant crisis. In addition to this individual stress, the transition to parenthood is often a time of turmoil for many couples. The transition to parenthood has been found to be associated with increased marital conflict and disagreement (Cowan et al., 1991), decreased satisfaction with marital role division, lower marital satisfaction (Cowan-Pape & Cowan, 1995; Duncan & Markman, 1988), and clinically significant marital distress for many couples (Cowan et al., 1991).

Despite this information, much research has been focused upon high-risk families and their responses to normative and non-normative transitions. However, programs that focus on mainstream families' needs in the development of parenting skills are also important (Aranoff & Lewis, 1979; Clulow, 1982; Cowan-Pape et al., 1995). Research has indicated that new parents must acquire parenting skills and child development knowledge related to a number of new tasks for which they have little training (Gottlieb & Pancer, 1988) and receive little long-term support (Cowan & Cowan, 1988). Literature points to the fact that parental, child development knowledge during early childhood is related to more positive parent-child interactions, greater

paternal social involvement, more positive home learning environments, and fewer later child behavior problems (Bailey, 1993; Benasich & Brooks-Gunn, 1996; Parks & Smegilio, 1986; Stevens, 1984).

The period immediately after birth is an important time for education, skill development, and support as it represents a critical period in the life of both the family and the infant. During this time, the couple experiences changes as each individual acquires the position of parent and modifies their already existing roles. Then, as many families have begun to adjust to the addition of the baby, the child enters another developmental stage and challenges the system with their new skills. Stressors such as high parental anxiety about how to handle these new situations as well as increasing role demands may pile-up inhibiting healthy, enjoyable interactions. In the current study, the authors view the transition to parenthood as a complex and dynamic process, which has significant implications for individuals, families, and society.

Factors Related to Adjustment During the Transition to Parenthood

During the transition to parenthood, four variables have been identified through previous research as being important in providing families with the ability to achieve a balance between demands and existing resources (Belsky, 1984; Cowan & Cowan, 1987; Cowan et al., 1988; Cowan et al., 1991; Gottlieb et al., 1988; Kliman & Vakelich, 1985). These variables are (a) parental knowledge of child development, (b) parenting stress (c) marital adjustment between the parents, and (d) maternal social support. The current empirical data indicates that these variables are crucial factors in mothers' and fathers' adjustment to parenthood.

The changes that accompany the transition to parenthood may provide numerous new challenges to parents. For example, researchers have found that the level of child development knowledge possessed by parents during the transition to parenthood is significantly related to the development of parenting skills (Kliman et al., 1985). Interventions that encourage the expansion of parenting skills have been found to be related to parents' increased competence in interacting with their infants (Dickie & Gerber, 1980).

Another variable related to parental adjustment throughout the transition to parenthood is stress. Mothers' and fathers' perceived levels of stress have been found to increase during their first year of parenting (Miller & Sollie, 1980). Some researchers have even indicated that this stress may reach crisis proportions for many parents (Cowan et al., 1988, LeMasters, 1957). This type of parental stress has been found to be related to numerous issues as parents attempt to balance multiple roles such as: parent, spouse, worker, homemaker, and friend. In one study of new mothers and fathers, the main stressors reported were multiple role demands and infant care (Ventura, 1987). This parental stress has been found to have implications for mothers' and fathers' adjustment (Cutrona, 1982) and marital well being (Cowan-Pape et al., 1995). In addition, parenting stress may have long-term implications for children as research has indicated that parental stress in early childhood is related to later child well-being (Barron & Earls, 1984).

A couple's ability to cope with the transition to parenthood may be related to marital adjustment (Cowan et al., 1987). For example, Cowan et al. (1991) reported that couples who adapted best to the parenting role were those who functioned better as a marital couple. These

researchers also found that marital distress was accompanied by less than optimal parent-child relationships and slower progress in children's development.

The additional social support that parents receive may also ease their transition to parenthood. Research has shown that social support plays a vital role in the development of parental competence and positive attitudes by providing information and advice to the new parents (Belsky, 1984; Gottlieb et al., 1988). Unfortunately, researchers have found that although this support for new parents often increases immediately after the birth, it tends to decline during the child's first year of life (Cowan et al., 1988).

Gender Differences in the Transition to Parenthood

The separate examination of mothers' and fathers' experiences during the transition to parenthood is important as individual and marital difficulties related to this transition may be exacerbated by the gender differences. Numerous researchers have found that men and women experience the transition to parenthood in different manners (Cowan, Cowan, Coie, & Coie, 1978; Cowan, Cowan, Heming, Garrett, Coysh, Curtis-Boles, & Boles, 1985). For example, over time new mothers tend to assume increasingly greater responsibility for household work and child care in comparison to new fathers (Cowan et al., 1988; Cowan et al., 1991). Similarly, many women's views of themselves as professionals decrease in personal importance while most men's do not (Cowan et al., 1991). This difference in participation in the home may impact marital satisfaction as studies have found that women frequently report that their husbands are much less involved in housework and child care than they had expected (Cowan et al., 1988). Also,

researchers have reported that inequality in the division of labor is the issue that generates the most conflict for couples post-partum (Cowan et al., 1991)

Men and women also differ in involvement in their marital relationship during the transition to parenthood. Husbands are more likely to become less involved in the marital relationship and more involved in independent activities outside of the home (Feldman & Nash, 1984). Wives, on the other hand, tend to become more involved in the marital relationship and less involved in outside activities. In addition, men and women report differences in the timing of changes in marital satisfaction. For example, women report a decline in marital satisfaction almost immediately after the birth, whereas, men report a decline in marital satisfaction between 6 and 18 months postpartum (Cowan, et al., 1985, Cowan et al., 1991). This may be related to the fact that mothers' transitions to parenthood tend to be more tumultuous than fathers', and their bonds with their children tend to develop much more rapidly (Cowan et al., 1988). As a result of these differences, it is important for at least some interventions to include joint participation of mothers, fathers, and their new child.

Interventions During the Transition to Parenthood

The majority of programs that have been developed for first-time parents have been focused upon encouraging discussion of personal experiences during the transition, examining challenges in the marital relationship, and generating social support for the new parents (Aranoff et al., 1979, Clulow, 1982, Cowan-Pape et al., 1995). These interventions provide an important service for new parents and have been found to be related to many positive outcomes. However, these programs geared towards personal experiences and the couple relationship have not focused

upon the development of parenting skills and competence which are also very important aspects of being a new parent.

The intervention used in this study, the Family Infant and Toddler Learning (FITL) program, was developed to meet the need for interventions that include the family triad and encourage the development of skills and knowledge. This program was based on a similar program developed by Badger & Goldman (1987). The FITL program is rooted in the belief that the transition to parenthood symbolizes a time of greater flexibility and openness to learn new information about children. It also represents a time when parents need extensive support in order to deal with various new challenges in the family. One goal of the FITL program was to approach the family as an integrated system. As a result, the program was designed to provide opportunities for both parents and their children to grow together. In addition, the program focused upon strengthening family resources and providing support for parents to help families successfully resolve this difficult transition. The program curriculum incorporated elements of parenting skill development, parental support, informational resources, and networking. The FITL program was unique in that it included hands-on learning activities involving both parents and their children for middle-income, low-risk families.

The purpose of this study was to examine the difficulties associated with the transition to parenthood for mothers and fathers with no prior identified risk. More specifically, this study investigated the impact of the FITL program on child development knowledge, parenting stress, marital adjustment, and maternal social support. The researchers hypothesize that there will be significant increases in marital adjustment, maternal social support, and parental knowledge of child

development as well as a reduction in parenting stress after completing of the FITL program. In addition, this study assessed gender differences in mothers' and fathers' adaptation to parenthood during this transitional period. This study was unique in that it focused on the hands-on development of parenting skills and child development knowledge for both parents.

Methods

Subjects

The participants in this study were recruited through a variety of methods. Brochures describing the FITL program were sent to families listed in the birth announcements in a local newspaper. Additional information was distributed in various pediatric offices in the community, and announcements of the FITL activities were made through university newspapers and local radio stations in order to invite campus families.

In the first phase of the study, 76 families were recruited and completed the FITL program. The population of parents could be described as middle-class and well-educated. The mean education levels were 17.6 years for mothers and 18.2 years for fathers. The mean age of the parents was 32.4 years for mothers and 34.5 years for fathers. Of the families, 89.1% of the parents were first-time parents, and 10.9% were second or third-time parents. Ninety-four percent of the parents had attended pre-natal classes. The majority of families had children in the following age groups: 7 to 10 months and 14 to 30 months. The mean age of the children enrolled in the FITL program was 16.9 months.

The FITL Program

The FITL program included couples and their children ages 3 months to 3 years in a small play group setting. Families were grouped according to the age of their child. Each group consisted of 6 couples and their children. There were six moderately structured weekly sessions. Each session was two-and-a-half hours long and was held during evening or weekend hours to accommodate the parents' work schedules. Throughout each session, developmentally appropriate, skill enhancement techniques were demonstrated by two group leaders and practiced by the mother, father, and child triad. At the end of each session, group members shared questions or concerns about their children's development. This open discussion was a very important component of the FITL program since it allowed families going through similar life experiences to provide support for each other.

Data Collection

The evaluation of the impact of the FITL program was done through pre- and post-intervention assessments. The pre-assessment data included 76 families whereas the post-assessment data was based on 20 families. Each participating parent filled out a battery of questionnaires before attending the group sessions. At the completion of the program, the same assessments were given separately to mothers and fathers along with a stamped, self-addressed, return envelope. Parents were instructed to complete the questionnaires separately. The mail returned responses were used to allow the parents time to process and implement that skills they

had learned through the FITL program. The return rate for the post-assessments was low in spite of follow-up calls that were made two weeks after the questionnaires were sent out to the families. Due to the fact that many of the families were associated with the university, at the end of the semester, many of the families had moved or simply chose not to respond to the same questionnaires a second time.

Measurements

In reviewing previous literature regarding couples' transitions to parenthood (Belsky, 1984; Cowan & Cowan, 1991), four domain measurements were identified. The four domain measures that were included in the current study are as follows:

1. Parenting stress. Parenting stress was evaluated with the Parenting Stress Index (PSI) (Abidin, 1986). The PSI is comprised of 120 Likert type items which assess three different areas: child characteristics (47 items), parent characteristics (54 items), and life stress events (19 items). The PSI has alpha reliability coefficients ranging in magnitude from .62 to .70 for the child characteristic sub-scale and from .55 to .80 for the parent characteristic sub-scale. The reliability coefficient for the life stress score on the PSI is .95.
2. Marital adjustment. Marital adjustment was measured by the Dyadic Adjustment Scale (DAS) (Spanier, 1976). The DAS contains 32 Likert format items which measure the couple's overall dyadic adjustment. The DAS demonstrates the multi-dimensionality of dyadic relationships through its four sub-scales: Satisfaction which measures the degree of happiness and harmony in the relationship; Consensus which includes items such as agreement about goals in life, decision making, and spending time together; Cohesion which refers to the opportunity for discussion,

exchange of ideas, and working together as a couple; and Affectionate Expression which assesses the degree of affection each partner expresses towards one another. The DAS demonstrates a high reliability with an alpha coefficient of .96 found in the total scale and its components.

3. Maternal social support. The Maternal Social Support Index (MSSI) (Pascoe, Walsh-Clifford, & Earp, 1982) is designed to evaluate the amount of social support received by mothers. On the 21-item instrument, mothers are asked to indicate the extent of perceived support they received from their spouse, relatives, neighbors, friends, and the community. For information regarding construct validity and reliability see Pascoe et al. (1982).

4. Parental knowledge of child development. All parents completed the Parental Knowledge of Child Development (PKD) (Bristol & Williams, 1988) which was chosen to assess parents' knowledge of sequential development. The objective of the PKD is to measure the amount of child development knowledge each parent possesses by responding to 17 open-ended questions. The questions are designed to test a parent's knowledge of the ages when average children achieve certain major developmental milestones.

In contrast to most of the research that has focused on individuals or the mother-child dyad, the current study assessed individual, dyad, triad, and extra-family domains and examined gender differences in mothers' and fathers' experiences in its evaluation procedure. This procedure reflects the belief that mothers and fathers may have different experiences in this transition and that each domain contributes important aspects to the transition to parenthood.

Results

Assessments were conducted both before and after the FITL intervention in order to evaluate the effectiveness of this program. Responses to each domain measurement before the FITL experience were separately compared to those after the FITL experience. A two-tailed paired t-test was used to investigate if there was a difference in the pre- and post-intervention results for mothers and fathers.

Throughout these analyses, an attempt was made to determine if gender played a substantial role in the parents' transitions to parenthood. In looking at the possible gender differences, it was difficult to separate the mothers' and fathers' responses as independent categories within families. For example, mothers' responses were likely to be influenced by fathers' and vice versa. Thus, two tailed paired t-tests were performed to detect these gender differences.

Gender Differences in Parental Adjustment Before The FITL Program

Statistically significant gender differences emerged between mothers and fathers in the analysis of the pre-test data. Mothers scored higher on scales of marital adjustment than fathers. Mothers were significantly more agreeable ($t=2.01, p<.05$) and more affectionate ($t=1.99, p<.05$) in their marriages than were fathers (See Table 1). However, mothers reported more parenting stress than did fathers especially in the areas of feeling restricted by the parental role ($t=3.51, p<.001$), their relationship with their spouse ($t=3.43, p<.001$), and their health ($t=2.05, p<.05$). On the other hand, fathers reported significantly higher levels of parenting stress in relation to

emotional closeness to their children ($t=-2.65$, $p<.01$). Fathers also reported having significantly lower levels of child development knowledge than mothers ($t=2.16$, $p<.05$).

Mothers' and Fathers' Adjustment to Parenthood After the FITL Program

An attempt was made to determine the effectiveness of the FITL program by comparing mothers' and fathers' pre- and post-intervention adjustment separately in the areas of parenting stress, marital adjustment, child development knowledge, and maternal social support. For mothers, the assessments before and after the program indicated that there were some significant differences in the mothers' adjustment to the transition to parenthood. A significant decrease in maternal parenting stress was reported in the area of feelings of restriction ($t=2.33$, $p<.05$) in the post-intervention assessment (See Table 2). Similarly, there was a significant increase in the amount of social support reported by mothers in the post-intervention assessment ($t=2.23$, $p<.05$). In addition, there was a non-significant trend that indicated that mothers' overall marital adjustment had increased from the pre-intervention results. This trend was found in all comparisons of the sub-scales on the Dyadic Adjustment Scale. Mothers were found to be more cohesive, agreeable, satisfied, and affectionate in their relationships with their husbands in the post-test. Also, after the FITL program, other moderate, non-significant trends suggested an increase in mothers' child development knowledge and a reduction of their overall parenting stress.

For fathers, the most significant differences in the pre- and post- intervention results were in their perceptions of their marital relationship. A two-tailed t-test revealed that significantly higher levels of marital adjustment were reported by the fathers ($t=2.31$, $p<.05$), especially in the areas of consensus ($t=2.20$, $p<.05$) and affection ($t=2.03$, $p<.05$) after participating in the FITL program (See Table 3). A significant reduction of parenting stress was reported in the area of parenting competence and skills ($t=2.32$, $p<.05$). There were two similar non-significant trends reported by fathers: a) an increase in their child development knowledge and b) a reduction in their overall parenting stress.

These pre- and post- intervention differences for mothers and fathers demonstrate the effectiveness of the FITL program for new parents. In addition, after the FITL experience, the gender differences between mothers and fathers on all the domains disappeared.

Discussion

The results of this study indicate that mothers and fathers found different aspects of the transition to parenthood stressful. Overall, mothers showed higher mean scores on measures of parenting stress than fathers. This was particularly significant in the areas of feeling restricted by the parenting role, relationship with their spouse, and health demands related to childbearing. Fathers reported higher levels of parenting stress than mothers related to a lack of closeness or attachment to their young children. This finding is supported by the research conducted by Belsky & Kelly (1994) that reported feelings of paternal love generally develop slower than feelings of maternal love. Also, the paternal emotional strain related to closeness reported in the current study may reflect the fact that in the United States, fathers usually have very limited involvement

with their young children. On the average, new fathers spend only 10 to 15 minutes per day in play with their young children (Belsky, 1984). Therefore, it is not surprising that fathers reported a lack of emotional closeness with their babies.

In addition, both mothers and fathers scores of child development knowledge as reported on the PKD (Bristor et al., 1988) were low although fathers scored significantly lower on the PKD measure than mothers. This lack of child development knowledge among middle-class parents is congruent with research done by Kliman et al. (1985). These researchers concluded that middle-class parents did not differ from lower class parents in needing additional child development knowledge. These findings contradicted the research conducted by Parks & Smeriglio (1986) and Stevens (1984). In both of these studies, the authors suggested that middle-class parents frequently reached a ceiling in their child development knowledge as indicated by using the HOME scale. The low level of child development knowledge reported by the current study suggests a need for interventions that focus on increasing parents' knowledge of child development and parenting skills.

Along with the variations in mothers' and fathers' adjustments to parenting, there was also disparity in the parents' perceptions of their marital adjustment during the pre-test. Mothers' overall marital adjustment was slightly higher than fathers' during the pre-test. Mothers were significantly more agreeable and affectionate than their spouses. This finding is congruent with research conducted by Cowan et al. (1985). These researchers indicated that the greatest decline in marital adjustment for mothers occurred from birth to 6 months whereas the greatest decline for fathers happened between 6-18 months. In the current study, families with children from 7 to

10 months and 14 to 30 months were most likely to enroll in the FITL than other families. Therefore, this finding may reflect the larger decline that fathers tend to experience during this time-period. The differences in marital adjustment were not shown in the post-test.

The pre- and post-intervention comparisons revealed positive changes in adjustment for both mothers and fathers, thus supporting the effectiveness of the FITL program. For example, although the degree of change was not significant, mothers reported an overall decline in parenting stress of 11.8 points, and fathers reported an overall decline of 6.8 points. In particular, mothers reported a significant reduction in parenting stress in relation to decreased feelings of lost freedom and identity. Mothers also reported a significant increase in their perceptions of social support. Fathers reported a significant reduction in parenting stress related to parental competence in the post-intervention assessment.

The FITL program was also found to be educational as parents reported moderate but non-significant increases in child development knowledge after the FITL. On the average, mothers' post-intervention scores increased 12.7% and fathers' post-intervention scores increased 6%. This establishment of child development knowledge may have been a factor in the significant reduction of parenting stress related to competency that was reported by fathers after the FITL program.

The involvement of both mothers and fathers in the FITL program may be related to some significant benefits for couples as ratings of marital adjustment increased between the pre- and post-intervention assessments. In the post-test, mothers showed higher mean scores on the overall Dyadic Adjustment Scale (DAS) and all of the sub-scales of the DAS than in the pre-test.

However, none of the differences reached statistical significance. A similar but more significant trend was found for fathers as the mean scores for the overall DAS as well as the sub-scales of Consensus and Affection increased significantly between the pre- and post-assessments. Although the FITL program did not directly address marital concerns, it appears that the joint participation in the FITL program may have been beneficial for the couples' relationships. Also, the post-test results indicated that the FITL program was an especially important experience for fathers who had an opportunity to share and develop a common goal with their spouse in the process of becoming parents. Overall, the increase in marital adjustment for mothers and fathers is surprising in relation to previous studies that have indicated that marital adjustment generally remains low through 18 months post-partum (Cowan et al., 1991). The families in this study were an average of 16.9 months post-partum. These increases in marital adjustment during this time period present the possibility that the FITL program may have enhanced parents' marital relationships during a time period when marital adjustment generally remains low.

These comparisons of mothers' and fathers' experiences seem to suggest that the FITL program provided different support systems to mothers and fathers. Although many of these moderate pre- and post-test relationships were not statistically significant, this may be related to the small sample size in the post-test assessment. As a whole, these relationships indicate that, for mothers, the FITL experience may have been an important source of social support and a forum to allow for less restrictive family roles. For fathers, the FITL experience may have served as an occasion to build common parenting experiences with their partners and children and an opportunity to learn new parenting skills. These gender differences in parents' experiences in the

intervention and transition to parenthood demonstrate the importance of research that compares mothers' and fathers' adjustment separately.

Although the overall results of this evaluation indicated a number of potential benefits, there were some limitations to this research. For example, the sample population for this study included a large portion of participants who were well educated, middle-class professionals. In addition, the response rate for the post-intervention assessment was low. This small sample size may be related to the large number of moderate but statistically non-significant relationships that were found in the post-intervention assessment. Another limitation of the study was that the parents who responded to the second assessment were self-selected and, as a result, may have been parents with more positive perceptions of the program than the non-respondents.

Despite these limitations, the current research study illustrated that the mutual participation and educational experiences in the FITL program served as a positive experience for the families. The impact of joint participation in group, hands-on learning experiences was demonstrated in the improvements in child development knowledge, parenting stress, marital adjustment, and maternal social support in the post-intervention assessments. In combination with the pre-intervention, comparison data, these results demonstrate the importance and effectiveness of this type of intervention. However, further examinations of this intervention that assess more long-term relationships may be important in developing a needed understanding of the impact of this type of parent education program on child development.

Table 1
Paired T-Test of Mothers' and Fathers' Responses to DAJ, PKD, and PSI Before FITL Experience

Variable	Mothers			Fathers			T	p
	Mean	SD	n	Mean	SD	n		
DAJ	114.05	13.65	57	112.36	11.24	57	1.40	.17
Cohesion	16.03	2.89	57	16.07	3.12	57	-0.07	.94
Consensus	48.95	5.85	57	47.65	4.69	57	2.01	.05*
Satisfaction	40.33	5.10	57	40.29	4.24	57	0.07	.94
Affection	8.74	1.65	57	8.25	2.16	57	1.99	.05*
PKD	11.27	3.38	41	10.34	2.79	41	2.16	.04*
PSI	220.88	31.81	58	214.93	32.13	58	1.37	.18
Child Domain								
Adaptability	25.88	3.82	58	25.10	4.65	58	1.10	.28
Acceptability	12.73	3.51	58	12.05	3.45	58	1.48	.14
Demanding	18.03	3.99	58	18.00	4.03	58	0.06	.95
Mood	2.37	0.31	58	2.10	.28	58	0.00	1
Distractibility	24.55	5.28	58	24.92	4.18	58	-0.58	.57
Reinforcement	8.68	2.71	58	9.22	2.53	58	-1.21	.23
Parent Domain								
Depression	19.34	5.13	59	17.93	3.57	59	1.95	.06
Attachment	12.03	3.09	58	13.29	3.12	58	-2.65	.01**
Restrictions	18.89	4.54	59	16.67	3.91	59	3.51	.00***
Competence	26.61	5.39	58	15.89	5.33	58	0.69	.49
Isolation	12.64	3.39	58	13.22	3.13	58	-1.19	.24
Relationship w/ spouse	18.12	4.19	59	16.31	3.99	59	3.43	.00***
Health	12.89	2.69	58	11.95	2.77	58	2.05	.05*

* $p < .05$. ** $p < .01$. *** $p < .001$.

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Table 2
Two-Tailed T-Test comparisons of Mothers' Responses to DAJ, MSSl, PKD, and PSI Before and After FITL Experience

Variable	Pre			Post			T	p
	Mean	SD	n	Mean	SD	n		
DAJ	112.30	14.82	70	116.80	12.85	20	1.23	.22
Cohesion	15.47	3.14	70	16.10	4.19	20	0.73	.47
Consensus	48.47	6.40	70	50.75	5.24	20	1.46	.15
Satisfaction	39.64	5.79	70	41.10	4.36	20	1.04	.30
Affection	8.71	1.74	70	8.85	1.69	20	0.32	.75
MSSl	24.87	5.68	70	28.05	5.43	20	2.23	.03*
PKD	10.56	3.92	56	11.90	1.12	20	1.38	.17
PSI	220.65	31.71	72	208.85	40.27	20	1.39	.17
Child Domain								
Adaptability	26.12	4.00	72	25.00	6.97	20	0.93	.36
Acceptability	12.48	3.48	72	12.25	4.06	20	0.25	.80
Demanding	17.92	4.26	72	17.90	4.79	29	0.02	.99
Mood	9.60	2.64	72	10.35	3.42	20	1.05	.30
Distractibility	24.23	5.25	72	23.70	5.38	20	0.40	.69
Reinforcement	8.81	2.76	72	9.10	2.73	20	0.42	.68
Parent Domain								
Depression	19.22	5.25	72	17.40	3.87	20	1.44	.15
Attachment	11.97	2.92	72	11.70	3.33	20	0.35	.72
Restrictions	19.17	4.51	72	16.55	4.27	20	2.33	.02*
Competence	26.77	5.28	72	24.80	5.60	20	1.46	.15
Isolation	17.85	3.41	72	11.30	3.15	20	1.83	.07
Relationship	18.26	4.56	72	16.30	4.76	20	1.68	.10
w/ spouse								
Health	13.14	2.94	72	11.90	3.35	20	1.62	.11

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3
Two-Tailed T-Test comparisons of Fathers' Responses to DAJ, PKD, and PSI Before and After
FITL Experience

Variable	Pre			Post			T	p
	Mean	SD	n	Mean	SD	n		
DAJ	112.03	11.28	59	118.94	9.11	17	2.31	.02*
Cohesion	16.03	3.21	59	17.35	3.41	17	1.47	.14
Consensus	47.56	4.64	59	50.24	3.54	17	2.2	.03*
Satisfaction	40.22	4.22	59	42.00	2.92	17	1.63	.11
Affection	8.22	2.14	59	9.35	1.5	17	2.03	.05*
PKD	10.14	3.04	42	10.75	3.07	16	0.06	.5
PSI	214.93	32.13	59	208.18	31.47	17	0.77	.45
Child Domain								
Adaptability	25.1	4.65	59	24.82	5.63	17	.21	.83
Acceptability	12.05	3.45	59	12.00	3.59	17	.05	.96
Demanding	18.00	4.04	59	17.47	4.93	17	.45	.65
Mood	9.45	2.2	59	10.41	2.1	17	1.48	.14
Distractibility	17.98	4.18	59	23.94	4.93	17	.82	.41
Reinforcement	9.22	2.53	59	9.18	2.1	17	.06	.95
Parent Domain								
Depression	17.98	3.56	59	16.94	3.23	17	1.08	.28
Attachment	13.23	3.12	59	13.29	2.71	17	0.07	.94
Restrictions	16.75	3.92	59	17.59	4.44	17	0.75	.45
Competence	25.98	5.33	59	22.59	5.21	17	2.32	.02*
Isolation	13.32	3.19	59	12.71	2.26	17	0.74	.46
Relationship	16.48	4.19	59	15.35	2.62	17	1.05	.30
w/ spouse								
Health	11.95	2.74	59	11.12	2.47	17	1.12	.26

* $p < .05$, ** $p < .01$, *** $p < .001$.

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